

\* See Footnotes & Additional  
Information



UNIFORM CHILD SUPPORT ORDER AND/OR  
WAGE/INCOME WITHHOLDING ORDER  
[ ] NEW ORDER [ ] AMENDED ORDER  
[ ] ORDER FOR WAGE/INCOME WITHHOLDING

Case No. \_\_\_\_\_  
Court [ ] District  
[ ] Circuit  
[ ] Family  
County \_\_\_\_\_  
IV-D Case No. \_\_\_\_\_

**NOTICE:** The Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

**Plaintiff/Petitioner Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Defendant/Respondent Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **SSN** \_\_\_\_\_

**In Re: Child's Name** \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_\_

If there are more than two (2) children, attach separate sheet with identifying information and check here [ ]. Said attachment is incorporated into this Order by reference.

**IT IS HEREBY ORDERED AND ADJUDGED THAT:** The [ ] Mother [ ] Father [ ] Other \_\_\_\_\_  
\_\_\_\_\_ shall pay child support as follows:

- 1) \$\_\_\_\_\_ per month as **current child support** effective \_\_\_\_\_, \_\_\_\_\_. [ ] As determined by KY Child Support Guidelines; [ ] By written agreement of parties with knowledge of the Guidelines; [ ] Upon a finding that application of the Guidelines would be unjust or inappropriate because: \_\_\_\_\_.
- 2) \$\_\_\_\_\_ per month toward **arrearage judgment** totaling \$\_\_\_\_\_, calculated for period beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_.
- 3) [ ] Health insurance **is** currently accessible and reasonable in cost. The [ ] Mother [ ] Father is ordered to provide and maintain health insurance coverage for the minor child(ren). [ ] Health insurance **is not** currently accessible and reasonable in cost but shall be provided by the [ ] Mother [ ] Father when it becomes accessible and reasonable in cost. Extraordinary medical expenses shall be paid as follows: \_\_\_\_\_.
- 4) \$\_\_\_\_\_ per month for other expenses: \_\_\_\_\_.
- 5) \$\_\_\_\_\_ **TOTAL MONTHLY AMOUNT** to be paid at: <sup>1</sup> \$\_\_\_\_\_ per [ ] week [ ] bi-weekly [ ] semi-monthly [ ] month
- 6) Other conditions: \_\_\_\_\_.

**DOMESTIC VIOLENCE  
PROTECTIVE ORDER  
ISSUED [ ] YES [ ] NO  
PROTECTED PARTY:  
[ ] PETITIONER  
[ ] RESPONDENT**

**Child Support Recipient's Name & Address <sup>2</sup> -**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> If child support is paid by wage withholding, a job change may affect the frequency and amount of wages to be withheld in order to meet the monthly obligation amount.

<sup>2</sup> Child support recipient may elect not to provide address information in this section but in order to be properly disbursed his/her mailing address must be provided to the child support agency.

7) Check only box A, B, or C as appropriate and any applicable options therein.

- A. ☐ Child support ordered herein shall be subject to wage/income withholding on the effective date of this Order, to begin immediately.<sup>3</sup> The employee is responsible for making payments to recipient: (check one)
- ☐ directly, OR ☐ through \_\_\_\_\_ until such time as child support is withheld from the employee's paycheck. This Order shall apply to any subsequent employer.

*The Federal Income Withholding Support Form OMB 0970-0154 must be utilized by private parties and attorneys in non-IV-D eligible cases, and must direct the employer to remit payment to the State Disbursement Unit.<sup>4</sup> Attach a copy of this Order, AOC-152, to Form OMB 0970-0154 when serving the employer.<sup>5</sup>*

OR

- B. ☐ One party has demonstrated and the Court hereby finds that there is good cause not to require immediate wage/income withholding. Child support shall be paid as follows: (check one)
- ☐ Mailed directly to: Kentucky Child Support Enforcement at Centralized Collection Unit  
P.O. Box 14059, Lexington, KY 40512-4059
- OR
- ☐ Other: \_\_\_\_\_

*Wage/Income withholding shall take effect when an arrearage accrues that is equal to the amount of support payable for one month without the need for a judicial or administrative hearing. If wage/income withholding becomes applicable, see footnotes 3, 4, and 5 below relating to the mandatory federal income withholding form.*

OR

- C. ☐ The Court has made a finding that both parties have reached a written agreement which provides for an alternative arrangement to wage/income withholding as follows: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<sup>3</sup> Effective June 1, 2012, the Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

<sup>4</sup> All child support payments made pursuant to a wage/income withholding order shall be directed to the State Disbursement Unit at: Kentucky Child Support Enforcement at Centralized Collection Unit, P.O. Box 14059, Lexington, KY 40512-4059.

<sup>5</sup> Requesting party must mail Form OMB 0970-0154 and a copy of this Order, AOC-152, by certified mail to the employer within 2 working days.

**Notice.** Obligor: Interest may be charged on any delinquent child support payments. KRS 360.040 and 405.467(2).

**DOCUMENT PREPARER:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

\*\*\*FOR PRIVATE NON-IV-D ELIGIBLE CASES, PREPARER MUST SEND COPY OF THIS ORDER TO:  
KENTUCKY CHILD SUPPORT ENFORCEMENT, NIVD UNIT, P.O. Box 24828, LEXINGTON, KY 40524-4828

This order reflects statutory provisions of KRS 403.211-.212, 405.467, 360.040, 405.465, 205.710, 205.712, 403.215, 403.750, and 610.170, the provisions of FCRPP 9, and section 466 of the Social Security Act.

Date: \_\_\_\_\_, \_\_\_\_\_ Judge

**Distribution:** Court File – Original. CHFS (place in Contracting Official's basket). Petitioner. Respondent.